

COUNTY OF MAUI
DEPARTMENT OF PLANNING
250 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
TELEPHONE: (808) 270-7735 FAX: (808) 270-7634

APPLICATION TYPE: LAND USE COMMISSION DISTRICT BOUNDARY
CHANGE/RECLASSIFICATION

DATE: _____ VALUATION: _____

PROJECT NAME: _____

PROPOSED DEVELOPMENT: _____

TAX MAP KEY NO.: _____ CPR/HPR NO.: _____ LOT SIZE: _____

PROPERTY ADDRESS: _____

OWNER: _____ PHONE:(B) _____ (H) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OWNER SIGNATURE: _____

APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (B): _____ (H): _____ FAX: _____

APPLICANT SIGNATURE: _____

AGENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

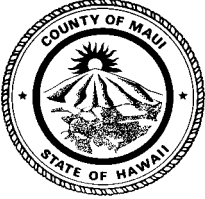
PHONE (B): _____ (H): _____ FAX: _____

EXISTING USE OF PROPERTY: _____

CURRENT STATE LAND USE DISTRICT BOUNDARY DESIGNATION: _____

COMMUNITY PLAN DESIGNATION: _____ ZONING DESIGNATION: _____

OTHER SPECIAL DESIGNATIONS: _____



COUNTY OF MAUI
DEPARTMENT OF PLANNING

ZONING AND FLOOD CONFIRMATION REQUEST FORM

APPLICANT: _____ PHONE
NO.: _____

ADDRESS: _____

PROJECT NAME: _____

ADDRESS AND/OR LOCATION: _____

TMK NUMBER(S): _____

ZONING INFORMATION

STATE LAND USE _____ COMMUNITY PLAN _____

COUNTY ZONING _____ SPECIAL DISTRICT _____

OTHER _____

FLOOD INFORMATION

FLOOD HAZARD AREA* ZONE _____

BASE FLOOD ELEVATION _____ mean sea level, 1929 National
Geodetic Vertical Datum or for Flood Zone A0, FLOOD DEPTH _____ feet.

FLOODWAY [] Yes or [] No

FLOOD DEVELOPMENT PERMIT IS REQUIRED [] Yes or [] No

* For flood hazard area zones B or C; a flood development permit would be required if any work is done in any drainage facility or stream area that would reduce the capacity of the drainage facility, river, or stream, or adversely affect downstream property.

FOR COUNTY USE ONLY

REMARKS/COMMENTS: _____

- ☐ Additional information required.
- ☐ Information submitted is correct.
- ☐ Correction has been made and initialed.

Reviewed and Confirmed by:

Signature

Date

Zoning Administration and Enforcement Division
COUNTY OF MAUI

PLANNING DEPARTMENT
250 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
TELEPHONE: (808) 270-7735 FAX: (808) 270-7634

**STATE LAND USE DISTRICT BOUNDARY
AMENDMENT/RECLASSIFICATION**

SOURCE OF LEGAL AUTHORITY: Chapter 205, Hawaii Revised Statutes and
Title 19, Maui County Code

INFORMATIONAL SHEET

The purpose of this application is to establish procedures for implementing the provisions of Section 205-3.1, HRS, pertaining to applications for boundary amendment/reclassification of State Land Use District boundaries involving lands fifteen acres or less presently classified in the Agricultural, Rural or Urban Districts. Applicants applying for lands over fifteen acres or classified as Conservation District, should contact the State Land Use Commission for appropriate procedures.

Upon submittal of a State District Boundary Amendment/Reclassification Application, it will be reviewed for completeness.

Upon certification of completeness, a hearing will be scheduled with the appropriate Planning Commission to review. The Commission shall make a recommendation to the County Council. Approval of the application is through adoption by ordinance.

Between the date of certification of completeness and the Planning Commission hearing, the following must be completed:

APPLICANT:

1. Notification of property owners and lessees of hearing date by certified mail or registered mail, return receipt requested. (Notification letter to owners and lessees are to be mailed after listing and map are checked and verified, application accepted and public hearing scheduled. A location map of the proposed project shall be sent with the notice. Said notification shall be made 30 days prior to the public hearing.) The applicant shall submit an affidavit of mailing to the Director on a form provided by the Department certifying that notice, as required herein has been provided.
2. Publication of the notice in a newspaper of general circulation in the county, once a week for three consecutive weeks prior to any public hearing.

PLANNING DEPARTMENT:

1. Published notice in a newspaper of general circulation within the County of the scheduled hearing.
2. Preparation of report and recommendation to the Commission.

**LAND USE COMMISSION DISTRICT BOUNDARY CHANGE/RECLASSIFICATION
REQUIRED SUBMITTALS**

District Boundary Change/Reclassification:

From: _____ To: _____

- ___ 1. Evidence that the applicant is the owner or lessee of record of the real property to be reclassified.
- ___ 2. A notarized letter of authorization from the legal owner if the applicant is not the owner.
- ___ 3. List of owners and lessees of real property within a 500 feet radius of the subject parcel should be obtained from the most current available list at the Maui County Department of Finance, Real Property Tax Division. This list should include the tax map key numbers and the names and addresses of all owners, lessees, and members of the Board of Directors or managing agents to be notified, including a map drawn to scale, clearly defining the 500 feet notification boundary and the parcels affected.
- ___ 4. A **non-refundable filing fee** (See Fee Schedule, Table A); payable to *County of Maui, Director of Finance*.

(One Original and One copy)

- ___ 1. Legal Description and map drawn to scale of the subject property.
- ___ 2. Reason (s) justifying the request.
- ___ 3. Report addressing how the proposed district change conforms to the standards establishing the use district as identified in Chapter 15, Land Use Commission Rules, Subchapter 2 Establishment of State Land Use Districts.
- ___ 4. Map of site and proposed land use.

After reviewing these documents for completeness, the department will notify the applicant of the number of additional copies needed to be provided for agency transmittal.

DATE:

TO: Owners/Lessees

Please be informed that the undersigned has applied to the _____
Planning Commission of the County of Maui for a State Land Use District Boundary
Amendment/Reclassification for the following parcel(s):

1. Tax Map Key: _____
2. Location: In the vicinity of _____
3. Area of parcel: _____
4. Reclassified from _____ to _____
5. Proposed Development: _____

THIS SECTION TO BE COMPLETED BY THE PLANNING DEPARTMENT:

Public Hearing Date: _____

Time: _____

Place: _____

Attached please find a map identifying the location of the specific parcel(s) being considered in the
request for State Land Use District Boundary Amendment/Reclassification.

The hearing is held under the authority of Chapter 92, Hawaii Revised Statutes, Title 19 of the Maui
County Code, and the appropriate Commission rules.

Testimony relative to this request may be submitted in writing prior to the hearing to the appropriate
Planning Commission c/o the Maui Planning Department, 250 South High Street, Wailuku, Maui, Hawaii
96793, or presented in person at the time of the public hearing.

Information relative to the application is available for review at the Planning Department, 250 South
High Street, Wailuku, Maui, Hawaii, Telephone (808) 270-7735; toll free from Molokai 1-800-272-0117,
Extension 7735; and toll free from Lanai 1-800-272-0125, Extension 7735.

Name of Applicant

Signature

Address

_____(_____)_____
Telephone

NOTARIZED AFFIDAVIT OF MAILING

_____, being first duly sworn on oath, deposes and says that:

1. Affiant is the applicant for a _____
for land situated at _____,
TMK: _____
2. Affiant did on _____, 20____, deposit in the United States mail, post paid, by certified or registered mail and delivery to addressee, a copy of a Notice of Hearing, a copy of which is attached hereto as "Exhibit A" and made a part hereof, addressed to each of the persons identified on "Exhibit B," attached hereto and made a part hereof.
3. Thereafter there was returned to the Office of Affiant the United States Post Office Certified or Registered Mail Receipts, which are attached hereto as "Exhibit C" and made a part hereof.

Further Affiant sayeth naught:
